

Seclusion and Restraint Reduction Intervention Advisory Council Meeting Minutes

March 19th, 2009 at 1:30 pm

Location: VSH Library

Type of meeting: Advisory

Facilitator: Ed Riddell, Alternatives to Seclusion and Restraint Coordinator at VSH

Note taker: Ed Riddell

Advisory Council Members: Cathy Rickerby, NAMI Vermont; Ed Paquin, Vermont Protection and Advocacy; Jane Winterling, VPS; Bill McMains, DMH; Scott Perry and David Mitchell

Members: Absent: Terry Rowe, Anne Jerman, Patrick Kinner, Janet Isham, John O'Brien, and Tom Simpatico

Attendees: Michael Sabourin, Joy Livingston, and Norma Wasco

Discussed: Welcome and Introductions

Ed Riddell opened the meeting and welcomed all attending members and guests. ER presented the minutes from the previous meeting and asked if there were any changes needed. No changes were voiced and Ed Paquin motioned to accept the minutes. David Mitchell seconded and the motion carried unanimously.

Discussed: Grant Evaluation process by Flint Springs, Associates: Joy Livingston

Joy Livingston explained the survey process that she has been hired to perform in evaluating the State SIG grant process and especially the advisory council process. This feedback will be provided to DMH, each facilities leadership, and the perspective ACs. This survey tool is anonymously completed and returned directly to Joy for tabulation and report. ER distributed the envelopes containing the survey to AC members and will pass on the survey to those members who were not in attendance. Joy explained that the survey will be done annually until the end of the grant and it is hoped that this tool will be used to improve the process. AC members were encouraged to contact Joy at anytime regarding the evaluation.

Discussed: Strategic Plan for Strategy Goal 2 on Use of Data

ER explained that the VSH strategic plan is being modified into a more useful tool and that he encouraged members to review the current Use of Data plan, but in April they would see a different planning template. ER provided information that during the recent NASHMPD/SAMHSA grant consultants visit they had advised that the current template was not as efficient as they would have liked and requested that VSH consider using the Inventory for Seclusion and Restraint Reduction Interventions (ISRRI) tool as the template. The benefits are that the ISRRI tool has all the elements that are suggested by the 6 Core Strategies and document active interventions that can be used by a facility if desired. It also simplifies the way that interventions can be tracked and assures that interventions are being communicated between AC and VSH leadership in the same terms. ER said that Terry Rowe, VSH Executive Director, had

agreed that this was a beneficial modification and should be done. Bill McMains provided the overview of how the ISRRI template will work as a strategic planning document and suggested that AC members review their current strategic plans and provide input if differences are observed in the two documents in the futures so that corrections can be made. Michael Sabourin said that he did not see things happening that were reducing seclusion and restraint. Jane Winterling explained that the Brattleboro Retreat was doing things differently than VSH and that consumers and advocates were actively involved in doing focus groups on the units. JW is finding some disconnect between direct care staff and leadership at the BR and believes it is likely the same at VSH. JW is interested in helping both facilities determine the balance of safety and therapeutic care. BM asked if JW was able to provide input to the BR leadership group and JW said that she was. A discussion among several members led to the concern that input from the VSH Advisory Council was not being received or used as designed. MS suggested that VSH should be “pushing numbers” and holding direct care staff accountable for reaching statistical thresholds in reducing S/R. ER explained that such a reduction process had been attempted in the past, but it had no lasting effects because no other tools were provided to the staff to help reduce using EIPS. Scott Perry posed the question that the AC seems to be searching to answer “Will anything we do here have an impact?” BM suggested that one of the key duties is to continue to move the ideas and interventions forward and ask for supporting data when appropriate. JW asked to know what had occurred with the CON review from last month. SP summarized the information. JW stated that she believes that the CONs are important indicators of culture change. JW believes that we need to address what can be done to change the culture and suggested that the recommendations provided by the peer network conference calls be used to help assist with change. JW emphasized that CONs are a valuable tool. Cathy Rickerby suggested that we use AC time to review good and bad CONs. JW said we can use this to know that change is occurring. CR explained that what kind of words people use is important and that monitoring the use of language is important. Ed Paquin described how VP&A had conducted a review of CONs (on the behalf of Victim’s Rights) which revealed a reduction in CONs, but believes that the trend has now reversed. BM suggested that the CONs could be used as a barometer for change.

CR moved to request that VSH Leadership permit Scott Perry to provide contextualized examples of two satisfactory and two unsatisfactory CONs as a standing item for each AC meeting. It is hoped that SP will provide follow up information as well if appropriate. The request was seconded by JW and unanimously approved. (ER will send the request to Terry Rowe and report back)

EP provided insight that when an investigation of Woodside was being done it incorporated input from VP&A and leadership there were transparent and not defensive. EP wondered why there was not the same relationship occurring with VSH. BM suggested that this process may help develop a desired change in the future. EP was concerned that VP&A has heard from people that staff have been observed making fun of patients and these events, if true, do not speak to a culture change. CR would like to see the staff and patient debriefing forms and asked if it is done at VSH. SP confirmed that both debriefings occur. JW explained that some state hospitals have a consumer debriefing specialist. CR confirmed that she understood that patients are debriefed, but not be a consumer. MS said that it would be beneficial if completed patient debriefings could be compared to a patient’s treatment plan to see if the information is being used. BM agreed that it might be useful. EP explained the VP&A does not have open access to CONs and just wanted to make sure that this was clear. EP explained that VSH’s focus in the past was to respond to CMMS regulations and they would have been better served if they had just stayed with the reduction interventions that they had begun that were derailed due to the events that led to deregulation and DOJ oversight.

Discussed: S/R/EIM Statistics for VSH

SP provided a set of data that included; 1) Annual EIPs from 2005 to 2008 (showing a generalized decreasing trend), 2) S/R/EIMs by unit/all shifts from 3/08 to present, 3) An EIP timeline and graph for a single patient with the documented activities that showed how clinical staff responded to address EIP use (showing diminished weekly use as stay continued and staff response increased). BM asked if the data changes are statistically significant. SP said that they were. CR asked if the Kickoff Celebration and the NASMHPD consultants visit caused the use of EIP to go up in January. SP responded that there is not a clear link to those events and the spike in EIPs in that month. SP did provide that several different individuals were involved in the EIPs that had occurred and SP also provided that staff injuries were high as well. SP informed that staff injuries are occurring at a far higher rate than injuries to patients. EP wonders what VSH's workers compensation rates are versus other hospitals and if we have done any comparisons to similar hospitals. ER informed EP that he had followed up on the prior meetings request and Kevin Huckshorn with NASMHPD suggested that VSH look at hospitals in Maine and Delaware for comparison. ER said that Terry Rowe had agreed with this research, but ER has not found time to make the inquiries. EP suggested a trip to one or more of the facilities to provide better information about what are occurring. BM suggested that staff injury reduction is a benefit to reducing the use of S/R. BM also suggested that the annual numbers report a bigger picture that can be lost when you are only looking at monthly events and can give insight into the larger trend. SP suggested reports at three months, six months, and annual could be used as well. JW suggested that the past practice of eliminating the two highest users of EIP in a graph provides insight into the real use of seclusion and restraint occurring when compared to the entire population of use graph. BM suggested that an outlier's in and out report be done to exemplify this. SP said he could also provide a chart with the number of events attributed to individuals that could provide context into the monthly numbers. DM thought it would be useful to see who was recording the most use. JW asked if diagnosis could be used to compare against EIP use. SP explained that many indicators and measures were being added to the data measures and diagnosis was one that was requested by SAMHSA as well. DM opined that greater use of data could lead to finding more indicators that could be addressed. CR asked if VSH leadership looked at by unit and by shift data. SP said that they did.

Discussed: Pro-ACT

DM presented the VSH recent conversion from NAPPI to Pro-ACT. DM explained that Pro-ACT provides principles for responding to violence and not techniques. This difference can be crucial in developing critical thinking and team work with staff. DM believes this will be an important intervention to assist the culture change that the AC desires. DM explained that 11 instructors have been trained and the staff will start their training on March 23rd. VSH leadership also believes that this change will provide a greater opportunity for change in culture and lead to many beneficial outcomes, including the reduction of EIPs. EP asked if VP&A members can be included in the course. DM said he will ask Terry Rowe, the Executive Director about this request. JW and CR also asked if they might attend. DM will follow up and get back to these members.

Discussed: Other AC business

ER asked if there was any other business to address and found that there was none

Group process input:

ER asked if there was anything that any member wanted to share about the AC meeting process. There was none.

Public Comment

Neither guest had any comments.

Adjournment:

The meeting adjourned at 3:30 pm. The next meeting will be at **1:30 pm on Thursday, April 16th, 2009** on the right side of the VSH Library.

Respectfully submitted,

Ed Riddell
Minute taker